



Health Services
LOS ANGELES COUNTY

EMPLOYEE HEALTH SERVICES PARENTAL CONSENT FOR LIVE SCAN & HEALTH SCREENING

FOR COUNTY/NON-COUNTY

LAST NAME		FIRST, MIDDLE NAME		BIRTHDATE		WORKFORCE ID NO.		
JOB CLASSIFICATION			ITEM NO.		DHS FACILITY			
DEPT/DIVISION			WORK AREA/UNIT			SHIFT		
						P/L		
E-MAIL ADDRESS			WORK PHONE		CELL/PAGER NO		SUPERVISOR NAME	

☐ I am an emancipated minor. I am submitting this form with documentation of my emancipation.

To be completed by the parent or legal responsible person for all workforce members under 18 years of age. Parent or legal responsible person must sign this form and have the minor bring it with the required identification documents to the DHS Facility.

This form must be completed, signed and returned to Employee Health Services prior to receiving a health screening.

Los Angeles County Department of Health Services' policy may require workforce members employed or assigned to work in our facilities to undergo a criminal background check (fingerprinting) and a health screening clearance. It is also the Department's policy that we obtain permission from a minor's parent or legal responsible person prior to obtaining fingerprints and/or health information about a minor (child under 18 years of age) and/or providing health screening.

Health screening may include:

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| <ul style="list-style-type: none"> • Immunizations such as: <ul style="list-style-type: none"> ○ Measles ○ Mumps ○ Rubella ○ Tetanus ○ Pertussis (whooping cough) ○ Diptheria ○ Varicella ○ Hepatitis B ○ Annual Seasonal Influenza (flu) | <ul style="list-style-type: none"> • Screening: <ul style="list-style-type: none"> ○ Tuberculosis Skin Test (Annually) ○ Drawing Titers ○ Completing Health History Questionnaires ○ Follow-up screenings / assessments |
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In the event the applicant does not pass the criminal background check and/or the health screening, he/she may not be eligible to participate in the program.

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LAST NAME	FIRST, MIDDLE NAME	BIRTHDATE	WORKFORCE ID NO.
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EMERGENCY CONTACT INFORMATION

Name of Contact Person: _____

Address: _____

Telephone No.: _____ Alternate Telephone No.: _____

Signing below attests that you are the parent or legal responsible person for the minor and gives Los Angeles County Department of Health Services permission to obtain fingerprints and/or health information, or provide health screening for a minor workforce member.

All health information will be kept confidential.

SIGNATURE OF MINOR APPLICANT		DATE	TIME
PARENT OR LEGAL RESPONSIBLE PERSON SIGNATURE		DATE	TIME
PRINT NAME OF PARENT OR LEGAL RESPONSIBLE PERSON		DAYTIME PHONE NO	
EHS STAFF SIGNATURE	PRINT NAME	DATE	TIME

This form and its attachment(s), if any, such as health information shall be filed in workforce member's EHS health file. All workforce member EHS health records are confidential in accordance with federal, state and regulatory requirements.

DHS-EHS will obtain the workforce member's or parent or legal responsible person's written authorization before using or disclosing health information, including to self, unless the disclosure is required by State or Federal law such as to a public health authority or governmental regulatory agency.

Attach copy of consent to Live Scan Request Form